

**COMBINED DECLARATION AND
POWER OF ATTORNEY
IN ORIGINAL APPLICATION**

Attorney Docket No.

R11.12-0822

SPECIFICATION AND INVENTORSHIP IDENTIFICATION

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and joint inventor of the subject matter which is claimed, and for which a patent is sought, on the invention entitled PRESSURE TRANSMITTER WITH DIAGNOSTICS the specification of which,

(check one) ☒ is attached hereto.

☐ was filed on _____ as Appln. No. _____.

☐ and was amended on _____.

☐ was described and claimed in PCT International Application

No. _____ filed on _____ and as amended under PCT Article 19 on _____.

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is known to me to be material to the patentability of this application in accordance with 37 C.F.R. § 1.56.

PRIORITY CLAIM (35 U.S.C. § 119)

Prior Foreign Application(s)

I claim foreign priority benefits under 35 U.S.C. § 119(a-d) of any foreign application(s) for patent or inventor's certificate listed below, each of which is incorporated by reference in its entirety, and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Number	Country	Day/Month/Year Filed	Priority Claimed
_____	_____	_____	Yes _____ No _____
_____	_____	_____	Yes _____ No _____

Prior Provisional Application(s)

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States Provisional Application(s) listed below, each of which is incorporated by reference in its entirety:

Number	Day/Month/Year Filed
_____	_____
_____	_____

WESTMAN, CHAMPLIN & KELLY, P.A.
Suite 1600 - International Centre
900 Second Avenue South
Minneapolis, Minnesota 55402-3319
Phone: (612) 334-3222 Fax: (612) 334-3312

Inventor: _____ Date: _____
(Signature)

Inventor: Evren Eryurek
(Printed Name)

Residence: Edina, Minnesota Citizenship: U.S.A.

P.O. Address: 5417 Blake Road South, Edina, Minnesota 55436

Inventor: _____ Date: _____
(Signature)

Inventor: Kadir Kavaklioglu
(Printed Name)

Residence: Edina, Minnesota Citizenship: TURKEY

P.O. Address: 5837 Fairfax Avenue, Edina, Minnesota 55424